



Indiana First Steps

Assessment Team Manual Part 2

*Part 2 includes policies and procedures from IFSP meeting to Exit from the First Steps Program.



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Overview of Assessment Teams

As children enter into the First Steps program, the collaboration between the ongoing Service Coordinator (SC), Assessment Team members, and the ongoing providers is crucial in providing comprehensive, effective, and family-centered early intervention services. As children and families grow and change within the First Steps system, their needs grow and change. Each member of the multidisciplinary team provides components to help determine and monitor the ongoing needs of the child and family. The Assessment Team insures that changes to the IFSP, including increase or decrease in frequency/duration, addition or termination of services, and service location changes are based on the developmental needs of the child and priorities of the family.

In order to support the development, implementation and monitoring of the IFSP, the following general procedures have been established. While these procedures describe the overall process, there may be times when methods to implement these procedures vary from one SPOE area to another to accommodate special needs. However, it is expected that the overall experience for a family in one area will be similar to a family's experience in another area. Federal and State timelines have been established to maintain consistency and adhere to parental rights. [Attachment A](#) contains approved First Steps timelines.

To best conceptualize the IFSP development, implementation, and monitoring, this manual is presented in the same order as how a child and family experience the First Steps system beginning with the IFSP planning meeting through to the exit from the First Steps program.

IFSP Meeting

Once eligibility and a need for service is established, the second meeting, known as the IFSP planning meeting, is held to document the desired outcomes of the family and child to address developmental concerns. It will also determine the next steps in addressing the developmental needs of the child and family, which may include the recommendation of services. The recommended services may be provided through First Steps and First Steps Agencies as well as services through other community-based resources that will support the needs of the child and family. **NO decisions are formally made regarding services until the IFSP meeting.**

When writing the IFSP, the team must identify a need for service. Services discussed, may include those offered through the First Steps system, as well as community based or other support services.

Recommendations are to be based on meeting the outcomes identified by the family and the needs of the child. Through discussion with the family, the multidisciplinary team is able to identify outcomes, strategies and supports that may be helpful to the family. Discussions should occur at multiple times throughout the intake, eligibility and IFSP process and may occur through in person meetings with the family, but may also be facilitated through written communication and telephone conversations. The support

and services listed in the IFSP are the result of those many discussions by the multidisciplinary team, which includes the family.

No one individual determines which supports and services best addresses the child and family outcomes on the IFSP. While the parent may request consideration of a service, it should be noted that fulfillment of any request must be supported by a documented need as supported by the Assessment Team. If the need is not present, the family must still receive information on their rights, their child's current developmental level, community support/services, and how to contact the system should they have further concerns or the child's status changes.

Furthermore, it is important to remember that eligibility is related to the program and that services are based on the child and family's needs. There is no test that makes a child eligible for a specific service. An assessment however may indicate a need for intervention addressing a specific area of development or skill set. Therefore, when talking about services, it should never be stated that a child is eligible for a specific service, such as OT/PT/ST.

Early intervention services should be authorized based on the development of the child and the need of "skilled intervention" to address concerns. Assessment Team members are not determining eligibility of discipline-specific services, they are determining if a child is in need of early intervention services.

IFSP Document

The Individualized Family Service Plan (IFSP) is the guiding document in the delivery of early intervention services. This document must include the strengths, concerns and priorities of the child and family as well as services to address the developmental needs of the child. Services included in the IFSP must support the everyday activities, routines and interactions of persons caring for the child. Potential outcomes with strategies should be discussed so that possible service delivery options designed to meet the outcomes can be suggested.

Multidisciplinary Team members involved in determining eligibility and needs should contribute to the recommendations for the initial IFSP. At minimum, the family and SC participate face to face in the IFSP development. Other team members who contributed to the assessment may participate in other ways such as, written communication in the assessment and discussions in preparation for the formal IFSP. The family may also invite other persons or agencies that they are working with and feel are important to the meeting (e.g., Healthy Families, case worker, child care provider). At the initial IFSP, reviews, and annual IFSP, team members, including the ongoing/anticipated ongoing provider/agency, provide input on possible goals and allow input on services. In addition, at the reviews and annuals the ongoing provider/agency is required to provide input on how the child's needs are being met.

The Multidisciplinary Assessment Report and the Family Assessment should be utilized to assist in the development of strategies and potential child and family outcomes. Strategies are not detailed services that include intensity and frequency. Rather, strategies may be suggestions of activities or strategies to address the questions and priorities expressed by the family during the assessment. These strategies may become potential, anticipated outcomes. For example, recommendations may include activities to address a child's gait or walking pattern and sitting. The team should consider which resources and supports (from First Steps, the community, and the family) could appropriately address these concerns. See [Attachment B](#) for specific models of service delivery.

Components of the IFSP Document

Below are overarching requirements of the IFSP. To examine a complete description of all requirements of an IFSP, please reference Indiana law (*470 IAC 3.1-9-3-Content of an individual family service plan*).

- Present levels of physical development, vision and hearing, health status, cognitive, communication, social or emotional, and adaptive development.
- Based on the family assessment and family interview, the IFSP must include a statement of the family's resources, priorities, and concerns related to enhancing the development of the child
- Statement of the major outcomes expected to be achieved for the child and family and the criteria, procedures, and timelines used to determine the degree to which progress is expected.
- As appropriate, the IFSP must include a description of medical or other services that the child needs but is not required through early intervention services
- Must include the name of the SC and who will be responsible for the implementation of the IFSP and coordination with other agencies and persons
- Must include the steps to be taken to support the transition of the child to another service type or location within the Part C eligibility period.

Guidelines for IFSP Services Recommendations

- Early intervention services should be authorized based on the development of the child and the need of "skilled intervention" to address concerns. Assessment Team members are not determining eligibility of discipline-specific services; they are determining the developmental status of the child and assisting in the identification of services and support to address the needs of the child and family. It is important for the IFSP team to communicate with the ongoing provider agency regarding the desired family outcomes and the availability of appropriately skilled early intervention providers. The team should not limit the discussion to a specific provider or discipline but rather the skills needed to address the desired outcome.

- No one member of the team, including the family, has the authority to authorize or require a specific service. Nor is a child “eligible for a specific service”.
- Services decisions must be based on the developmental needs of the child and the desired family outcomes, taking into consideration the skill and talents of the individual providers to meet those needs.
- If the family does not agree with the recommendations, the SPOE may have additional discussion with the family and the potential Agency regarding the service plan. As the plan is reviewed every quarterly, the initial plan is a starting point based on the child’s needs at that present time and can change as the child’s needs change.
- If the family continues to disagree, the family must be informed of the rights and procedural safeguards. The family may then elect to pursue mediation or due process. The SC is responsible for notifying the parent of the rights and directs the family to the BCDS for any further requests related to due process.
- If the family believes it’s necessary for an additional service or increase in the frequency of a service, beyond the team’s recommendation, the family may seek outside services or request review of additional information to support the needed service. For example, if the multidisciplinary team agrees that a Developmental Therapist is the most beneficial resource to support the IFSP outcomes. The family may accept or decline the recommendation of the Developmental Therapist, however, the family does not have the authority to require a speech language pathologist (SLP) deliver the service, if an SLP is not warranted. The family may however, go outside of the First Steps system if they desire a different or additional service. The family also has the right to pursue due process or mediation.

After the Initial IFSP Meeting

If authorization for meeting attendance is needed by the Assessment Team members, they will be entered by the SPOE, within 5 days of the Eligibility Determination and IFSP meetings. Within 5 days of the SPOE obtaining the Physician’s signature on the IFSP and prior to the service start date, the SC will enter authorizations for ongoing services. If the Physician’s signature is not obtained prior to the service start date, the ongoing SC must contact the parent and provider with notification that the service has not yet been authorized by the physician. The SC must also discuss strategies to obtain the signature from the physician as soon as possible, and or reconvene the IFSP meeting to explore why the services are not supported by the physician. In addition, when a physician’s signature is not obtained prior to the anticipated start date of services, as written on the IFSP, the SC needs to submit documentation to BCDS.

On the initial IFSP, the start of service date needs to be, at least, 10 days after the IFSP meeting date. In addition, the SC must review and leave a copy of the

procedural safeguards with the family. The parent is required a 10-day notice for the start of services. The 10 day notice will allow the SC time to obtain the Physician's signature. It should also be noted that services are required to start 30 days from the IFSP planning meeting date and not 30 days from the start of services on the IFSP.

Copies of the finalized IFSP and related documentation are to be made available to the Ongoing SC and Assessment Team, as well as a copy provided to the parents and service Agency. The child's primary care physician is required to sign the service page, consenting to the delivery of services, and shall receive the full IFSP, upon request. It is the responsibility of the SC to monitor the implementation of the IFSP and ensure that the needs of the child and family are being met. Additionally, the Agency will have quality assurance measures in place to monitor the implementation of services.

All new services must begin within 30 days of the plan being written. The SC will coordinate the quarterly review meetings of the IFSP.

Review, Change and Modification of the IFSP

It is expected that the developmental needs of children and families will change over time and throughout the delivery of early intervention services. As children grow and develop, it is expected that the service recommendations will also change, with potential decreases of services. As the needs of the child and family change, it is the job of the SC to facilitate discussion among the team on how to meet the family's needs. It is the job of the Provider to have open and ongoing communication with the family, celebrating the accomplishments of the child and explaining the potential service recommendations. It is also the responsibility of the Provider to monitor the child's level of functioning across time and notify the SC and parent when a child is demonstrating skills that are typical or demonstrating skills that warrant further examination. When communicating about a possible change in services with the SC, a provider needs to describe the new recommendation and include a justification ([State Form 54960](#)).

Review/Progress Report/Authorizations

After the IFSP has been written, at a minimum, it will be reviewed quarterly. The direct service providers must submit IFSP Progress Reports to the SPOE that summarize the child's present levels and the child's progress towards the IFSP outcome(s) identified for the provider to work on. The IFSP team reviews the child's outcomes and progress and assesses the appropriateness of the current level of services. Authorizations will also be reviewed quarterly. For more information on Progress Report content and instructions, please refer to the State formatted Progress Reports that are posted to the First Steps' website.

First Quarter Activities

The Ongoing Provider is required to complete the First Quarter Progress Report within the first 3 months of service. The agency is required to distribute the report

to the SC and to the parent. The SC must verify that the parent has received a copy and, if it was not received, the SC needs to provide request a copy on behalf of the parents.

The SC is responsible for the scheduling, coordination and facilitation of the First Quarter meeting.

- Families and the IFSP team must receive at a minimum of 10 days prior written notice for the meeting. The notice must include the action that is being proposed or refused, the reasons for taking the action and all procedural safeguards available to the parent. In addition, the notice must include who will be attending the meeting and that others may be included by the parent. Providers are required to follow SPOE policy on Progress Report submission dates
- SPOE will make Progress reports accessible to Assessment Team members
- Providers are responsible for reviewing with the family, the Progress report the first visit after the report's due date
- SC must contact the family to verify receipt of report and answer family's questions
- While eligibility is not re-determined at the First Quarter meeting, service needs should be discussed at that time. If a child no longer has a delay or need for skilled intervention/therapy, the SC and IFSP team needs to discuss the discontinuation of services and possible transition out of First Steps.
- At the First Quarter meeting, SC must:
 - Review the IFSP Progress Report
 - Review the frequency and intensity of services with the IFSP team
 - Review Cost Participation
 - Complete a Change Page to reflect the decision of the IFSP team regarding the child's services for the next three months. If services continue without change, verification documentation needs to be present that services continued without interruption.
 - SC must complete the first quarter SC check list and activities

Second Quarter Activities

The Ongoing Provider is required to complete the Second Quarter Progress Report. The agency is required to distribute the report to the SPOE and to the parent. The SPOE must verify that the parent has received a copy and, if it was not received, the SPOE needs to provide request a copy on behalf of the parents.

The SC is responsible for the scheduling, coordination and facilitation of the Second Quarter IFSP review.

- Families and the IFSP team must receive at a minimum of 10 days prior written notice for the meeting. If the parents request the ongoing provider

(s) attend the meeting, they may do so, utilizing their current service authorization.

- When requested by the SC, an Assessment Team member may complete a review of the progress report and any recommended changes. The Assessment Team member must be a member of the child's IFSP Team.
- Assessment Team members have available, as needed, 15 minutes of onsite IFSP review time for 6-month reviews. It is assumed that not all reviews will be a full 15 minutes and should be a quick email or conversation regarding current services, progress and future services. Review time should be documented on the bottom section of the [Request for Change](#) form. A copy of the form must be included in the 6 month review packet and retained for audit purposes. If additional time is needed or questions remain, the Assessment Team member conducting the review *may* request to participate in the 6-month review meeting. To review all of the required documentation for the 6 month review, please refer to the 6-month [Review Packet Cover Sheet](#).
- Prior to the meeting, the SPOE must also review progress reports and service recommendations of the ongoing providers. If there is a concern or question regarding the service recommendation, the SPOE must review the recommendations with the Assessment Team, who will provide a written response to the recommendations, as well.
- If the SC does not feel that there are any concerns or questions, the SC may update the Assessment Team member, without a formal review by the Assessment Team member. These instances may only occur if changes in service are not anticipated or requested and the child's current services are resulting in adequate developmental gains. These situations will be monitored closely to ensure ongoing services are not routinely continued when they are not warranted.
- While eligibility is not re-determined at the Second Quarter meeting, service needs should be discussed at that time. If a child no longer has a delay or need for skilled intervention/therapy, the SC and IFSP team needs to discuss the discontinuation of services and possible transition out of First Steps.
- A physician's signature is not required to continue services as listed on the IFSP or to decrease a service.
- If during the review there is a recommendation to increase or add a service, the Change Guidelines of this report needs to be followed. In addition to the guidelines, a physician's signature would be needed. It is the responsibility of the SC to obtain the required signature and notify the Agency when the signature is obtained. Once the signature is obtained, the authorization is to be entered within 5 days of obtaining the physician's signature and prior to the service start date, the sooner of the two. If the authorization/signature is not entered prior to the service start date listed on the IFSP or change page, the SC must notify the Agency of the delay and include information on when the authorization is expected to be entered. In addition, the SC needs to submit documentation to BCDS.

- No later than 5 days after the IFSP review meeting, a copy of the outcome review page, minutes of the meeting & Changes to IFSP page(s) are sent to the service Agency, which include the family and Assessment Team.
- SC must complete the second quarter SC check list and activities

Third Quarter Activities

The SC is responsible for the scheduling, coordination and facilitation of the Third Quarter meeting. This meeting is used to prepare for the annual IFSP review/eligibility re-determination meeting. The Second Quarter meeting guidelines should be followed for the Third Quarter meeting. While eligibility is not re-determined at the Third Quarter meeting, service needs should be discussed at that time. If a child no longer has a delay or need for skilled intervention/therapy, the SC and IFSP team needs to discuss the discontinuation of services and possible transition out of First Steps.

In addition, the SC is required to initiate the update to Cost Participation (CP) information, insurance and medical documentation, review procedural safeguards, discuss transitions, and schedule the Eligibility re-determination/IFSP meeting. The SC is required to complete the ([SF 51840](#)) and the Annual Preparation checklist ([State form 53976](#)).

Annual Evaluation and IFSP Development

- The SC is responsible for the coordination and facilitation of the annual evaluation to determine eligibility and IFSP development. Families must receive at a minimum 10 days prior written notice for the meeting(s). Ideally, the evaluation will be completed approximately 30 days before the IFSP due date but not before 60 days prior to the IFSP due date. SC will follow SPOE policy for scheduling the Assessment Team.
- The ongoing providers are required to continually review progress with the families. Although the Assessment Team provides information to support eligibility for early intervention services, the ongoing provider is required to continually review progress with families. If children are approaching age appropriate skills, the ongoing provider should be very clear with families regarding their progress and eligibility decisions. *Families should not be surprised by the information at the annual meeting.*
- Ongoing providers are required to document the child's progress on Progress Reports that are submitted to the SC. Best practice suggests the Progress Report be received and reviewed by the Assessment Team before the Team completes the annual assessment activities with the child and family. The progress report shall be written and submitted according to the approved progress report timelines. Ongoing providers will not be authorized to conduct assessment activities separate from their treatment time in order to perform an assessment.
- Annually, eligibility must be determined.
 - The Assessment Team must read the Ongoing Provider's Progress Report prior to the assessment and contact the ongoing provider before if there are concerns or after, if concerns arise at the visit.

- The Assessment Team members will conduct an assessment using the state approved assessment tool (AEPS), review current information from the ongoing team, Physician's Health Summary and other relative material. The Assessment Team will summarize the findings of these activities in a comprehensive report covering all five (5) developmental domains using the state approved tool (AEPS).
- For children where the medical diagnosis is the primary eligibility type, with supporting documentation from the treating physician, and when eligibility and current services are not in question, one Assessment Team member may conduct the assessment. If two disciplines are used, no additional review time will be given.
- For children that are older than 30 months where a medical diagnosis is the primary eligibility, the AEPS is to be updated during the review. The Assessment Team has the option to use only one evaluator to review. If two providers are used, no additional review time is available.
- Please see [Attachment C](#) for Billing on Annual Evaluations.
- The SC disseminates the Assessment Team report to the rest of the multidisciplinary team members, including the parent. Team members are expected to read through the report prior to the Eligibility Determination and IFSP meetings.
 - If the Assessment Team is going to recommend that the child is no longer eligible for early intervention services, communication between all members of the IFSP team needs to occur prior to the Eligibility Determination meeting. If team members feel that additional information should be considered, team members must contact the SC prior to the Eligibility Determination meeting with suggestions.
- As indicated above, a child's progress should be continually reviewed with the family. For children that are approaching age appropriate development, the ongoing provider should be very clear with the family regarding the child's progress. The annual evaluation should be a comprehensive evaluation of the child's progress, present levels, and eligibility/need for early intervention services. The Assessment Team provides an important piece to the evaluation however the ongoing providers may not leave the sole responsibility of determining when a child is or is not going to be eligible, to the Assessment Team. Collaboration between all IFSP members is imperative during the annual evaluation process. Furthermore, collaboration between the ongoing provider and the Assessment Team is required.

Service Change Guidelines

- It is the responsibility of the provider to monitor the child's level of functioning, to provide ongoing assessment activities during service delivery, and, when appropriate, make recommendations for changes in

services strategies and/or service delivery. It is also the provider's responsibility to have continued communication with the parent about the child's progress, the child's present levels, and the recommendations that are being made by the provider.

- Since services are reviewed quarterly, it is expected that *most* requests to increase or add services will ordinarily be made during the quarterly review process. Change requests prior to the first quarterly review following an initial IFSP should be rare, as the team will typically not have sufficient time to determine the initial IFSP needs to be amended prior to the first review. With those considerations in mind, requests to increase or add a service may be made at any time if the team determines the need is immediate and should not wait until the next quarterly review.
- Recommendations to decrease a service or discharge a child/family from services should be made as soon as possible once the IFSP team determines the child/family no longer needs the current level of service and should not be postponed until the next quarterly review under any circumstances.
- When communicating about a possible change in services with the SC, a provider needs to submit a Change Request form to the SC. In this form, the provider describes the new recommendation, include a justification, and attach appropriate/corresponding documentation ([State Form 54960](#)).
 - An Assessment Team member reviews the proposed changes and responds to the SC within 5 working days. If the proposed change is a decrease or discontinuation in service, it is not necessary for the Assessment Team member to review the change if a clear plan outlining the change was previously discussed and approved by the parent and the IFSP team. For example, at the 6 month review, the IFSP team may have noted that the child's development in a specific area was reaching a point where services were no longer needed. The team should discuss milestones that should be met and indicators of when the child's goals would be met (timeline). If, within the agreed above timeframe, the goals and milestones are met, the team should recommend a discontinuation or reduction in services. This recommendation does not necessarily require an Assessment Team member to review the decrease/discontinuation because the Assessment Team member would have approved the initial "change plan" at 6-month review.
- If the Assessment Team member is reviewing the changes and requires additional information, they may speak directly with the ongoing provider(s) and the SC as appropriate.
- Frequency and intensity of recommended services must take into consideration early childhood evidence-based best practices.
- Recommendations may not be implemented that are not supported by the IFSP team.
- All services must be supported through written justification in the child's record and related to one of more child and family outcomes.

- The SC will be responsible for providing written notice to the family of the recommended changes and summarizing the rights and procedural safeguards of the family. More specifically, it is required that the family receives a 10 day prior written notice of proposed changes of service recommendations.
- Prior to terminating or decreasing services, the IFSP team including the parent must agree to the change and the IFSP authorizations modified to meet the new recommendations.
- All changes to the IFSP must be documented on a form called the Changes to the IFSP form ([State Form 51841](#)). Commonly referred to as the Change Page.
- Provider must provide the SC with a 14 day prior notice before implementing any changes to the IFSP. When initiating a change to current service, providers cannot deviate from the current frequency and intensity of the service until they receive written notice to begin the new request. In addition, it is the responsibility of the provider to submit clear and comprehensive documentation that indicates a clear justification that warrants a need for changes to the IFSP.
- To view specific Change procedures, please see [Attachment D](#)

Provider Change

If it is determined that an individual team member is not able to adequately address an outcome due to limited training or experience, the multidisciplinary team should consider the appropriateness of selecting a different provider with the required qualifications. The team should consider whether:

- The new provider should replace the existing provider,
- A new provider be brought in to consult with the existing provider and team,
- A new provider is brought in as a team member to the existing team.

Best practices would not encourage two members of the same discipline working with a child on the same developmental concern. If however, the IFSP team believes that two providers of the same discipline are needed, the SC must seek prior approval from the BCDS prior to writing the services into the IFSP.

If a family expresses a preference for provider change, the family must work with their SC and Provider Agency supervisor, discussing the reason for the request and attempting to resolve any issues/concerns. While there is no agency requirement to honor parent's requests for change, the Agency should consider the situation and make accommodations if a reasonable accommodation can be made. If however, the situation involves a State substantiated concern or complaint, the Agency may be requested to offer a change of providers or allow the family to choose a new Agency.

If the Agency is able to accommodate a request in providers, the change may occur as follows:

- If the new provider is within the current Provider Agency, the request and IFSP authorization change may occur as the next quarterly review. Prior to the IFSP change, the new provider may begin seeing the child with consent of the parent and notice to the SC, as a substitute on the current authorization. The provider agency may continue to bill on the current authorization through its end date. The SC will obtain an authorization for the new provider with the next change page authorization. In this situation, it is also understood that the new provider is of the same discipline and specialty level and services continue without interruption. When providing substitute services, the provider is to document on the face-to-face form, that they are serving as a substitute and clearly document their name and discipline.
- If the request for change results in selecting a provider with a new Provider Agency, the request and change can occur at the annual IFSP. Families must understand that if the new provider is from a new Provider Agency and the family is receiving multiple services, then all services will be provided by the new Provider Agency.
- If a change in provider or provider Agency is a result of a substantiated concern/complaint, the provider change may be made after the conclusion of the complaint investigation by the state, as directed in the report resolution/finding letter.

Modifications to Current IFSP Services:

While most changes to the IFSP will occur during a quarterly review, there may be times outside of the quarterly review, when the IFSP team feels that the existing plan is not addressing the needs of the family. The multidisciplinary team should discuss what is needed by the family and consider modifying the current support and/or services delivered. Strategies may include supporting other team members by demonstrating a technique that has shown success. Service outside of First Steps may also be a support related to the child's needs especially if the child has a diagnosis.

If after the team has completed the discussion, there is still concern regarding a lack of progress or inability of current team members to meet the needs of the family, the team may request consideration of an additional assessment.

- The referral for an assessment must be made to the SC and involve the Assessment Team. Prior to the referral, the team must document the reason (s) for the additional assessment, along with any other pertinent information. This documentation must include input from all team members (including parent). "Request for Change" form should be filled out and submitted with the rest of the documentation.
- In general, assessments may not be repeated within a six month period. However, if there is a significant change in the child's development or additional assessment information is needed to determine that appropriate delivery of services, an additional assessment must be provided. In this situation, the team must clearly identify and justify the need for the

additional assessment and follow the state approved guidelines when selecting an additional assessment tool.

- The SC should contact the Assessment Team and submit pertinent information including the eligibility report, recent progress reports and IFSP.
- The Assessment Team will coordinate the assessment with the family. For this assessment, only the Assessment Team member that most appropriately addresses the concerns of the team will be authorized to provide the assessment. The assessment must occur with parental consent ([State Form 51842](#)), include parent input, and the parent must be present at the assessment. The assessment is not required to be the AEPS, but rather a tool appropriate to the needs of the child. [Attachment E](#) contains the guidelines when selecting an appropriate assessment tool. In addition, please reference the billing parameters in [Attachment C](#).
- Once the assessment is conducted, the Assessment Team member will within 2 business days, make available to the SC the assessment report. The assessment report will address only those areas of development assessed during the visit.
- The SC must distribute a copy of the Assessment Report to the family. SC should facilitate a conversation with the family about questions and/or concerns about the Assessment Report.
- The SC must distribute a copy of the assessment report to the Agency/Ongoing providers.
- The IFSP team should review the assessment report to determine the level of changes recommended. If the IFSP team, including the parent, feels that it would be beneficial to discuss the addition of a service, or modification to the IFSP, then all team members should provide input into the change. Prior to modification of the IFSP, the family must be presented with their rights, including a 10 day prior written notice, and procedural safeguards and the team must agree to the change.

If there is an increase to a service or a new service is added to the IFSP, the increase or new services may not begin until the Physician's signature is obtained on the Change page. The ongoing SC is responsible for submitting the change page to the Agency. The authorization is to be entered within 5 days of obtaining the physician's signature and prior to the service start date, the sooner of the two. If the physician's signature is not obtained prior to the start date of service, the SC must notify the Agency of the delayed signature and when the signature is anticipated. New services must begin within 30 days of being added to the plan, while established services need to continue without interruption. As part of IFSP monitoring, the SC needs to verify that services are delivered in accordance to the IFSP and it should be documented that unchanged services continued without interruption and new services started within the 30 days.

Change Disagreement

In the event a team member does not support the proposed change to the IFSP, the team members are to consult with other team members to obtain information. After consultation, the team member's reason must be reflected in written documentation back to the entire IFSP team.

- If the individual team member in disagreement is a member of the Assessment Team, there may be an alternative care plan offered to meet the child's needs. The plan may include; alternative strategies to better meet the needs of the child, a change in provider or provider discipline, modification to the intensity or frequency of services, and/or a new assessment. Review of changes to the IFSP must be thoroughly documented by the Assessment Team. The SPOE may then validate the documentation and authorize the Assessment Team member for review time not to exceed 15 minutes.
- In the situation where the team still does not agree on a recommended change, the SC ensures that all IFSP team members, including the family, have access to all of the pertinent information. Once the information has been reviewed by the IFSP multidisciplinary team, if there is still disagreement, the SC may authorize the Assessment Team member to conduct an additional assessment in conjunction with the ongoing provider's service time.
- After the joint session with the assessment team member and the ongoign provider, if a disagreement remains, the SC shall schedule an IFSP review meeting with all pertinent members.
- If there is a discrepancy between the recommendations of providers that cannot be resolved through local intervention, which must include a meeting between the team members, the SC may detail the position of the team in a letter and submit the letter to a state consultant.
- If the family continues to disagree, the family must be informed of the rights and procedural safeguards. The family may then elect to pursue mediation or due process. The SC is responsible for notifying the parent of the rights and directs the family to the BCDS for any further requests related to due process.

High Intensity Services

If the request is for high intensity services which is defined by the State as greater than 60 minutes per week, the provider must follow the procedures that the state has put in place and submit the request to the BCDS. Providers requesting higher intensity services should coordinate with Service Coordinators to submit all documentation and information as outlined on the Prior Approval Request Form for High Intensity Services. Documentation and information should be gathered by the requesting provider, while the Service Coordinator will assure that the request is complete. Requests missing information will not be considered until all documents are received. Request packets should be sent to the First Steps web at: FirstStepsWeb@in.gov, See [Request for High Intensity Services](#) link on the First Steps website for required documentation.

Transition from First Steps

While transition planning is an ongoing process as children and their families transition into, within, and from the First Steps System, special consideration should be given to planning the transitions for children as they approach their 3rd birthday. A mandated transition meeting must be held between 270-90 days before the child's 3rd birthday. During this time, the SC has the responsibility of developing a transition plan with the family, and providing information related to availability of services and supports for the family once the child turns three. For families pursuing preschool services through their local school district, this timeframe allows for any necessary evaluations to be completed before the child turns 3 and for the family to choose the appropriate program for the child without disrupting services. These meetings are held to discuss transition issues and to make plans to assist the child and family as they transition out of First Steps and into the next environment for continued development of skills. The service coordinator is responsible for arranging and facilitating this meeting and following procedures related to transition activities, including notice to the LEA of children potentially eligible for preschool services.

30 Month Notice to LEA

- When children approach and/or enter First Steps at 30 months of age or older, communication with the LEA is initiated. Two separate documents are sent to the LEA.
 - At 30 months of age, demographic information is sent to the LEA. This information is transmitted from the SPOE. No parent permission is required.
 - At 30 months of age and with parental consent, First Steps documentation such as the IFSP, Eligibility form, Assessments, PHS, etc. are sent to the LEA. This information is sent to involve and prepare the LEA for a transition meeting.
 - Service Coordinators complete the 30 Month Notice to LEA ([State Form 51673](#)) with the child's parent for all children enrolled in First Steps as they approach 30 months of age. In addition, if a child is more than 30 months old when found eligible for First Steps, the Intake Coordinator must complete the 30 Month Notice to LEA.
 - The referral cover page (the 30 Month Notice to LEA), with the attached listed documents, is forwarded to the LEA Representative once parental consent is obtained. A copy is placed in the child's early intervention record in the SPOE office. The Intake/Service Coordinator must keep the original 30 Month Notice with the transition packet so that the packet can be submitted to the SPOE in its entirety after the transition meeting has occurred.
 - In order to send the documents to the LEA, a general reciprocal consent must be attached. If consent to share

information is not given by the family, the service coordinator explains continuity of services may not occur.

Early Exit from Early Intervention Services

Many children will reach their goals prior to age three. For some children they may meet a goal in a specific area of development, while for others, they may meet all outcomes and no longer need specialized services. When it is determined that a child no longer needs the same level of service or the service is no longer needed, the ongoing service provider has an obligation to document the child's progress outlining the basis for the recommendation. Recommendations should be clearly documented in the Progress Report, as well as in the Request for Change form ([State form 54960](#)). All IFSP team members must be given copies of the IFSP Progress Report, and the service coordinator will facilitate and document the team discussion regarding this change in service. The service coordinator will document the discussion on the First Steps Documentation of Team Discussion (State Form 51928) and submit it with the originals discussed below.

If the IFSP team agrees that change or termination of services is appropriate, the service coordinator sends out a 10-day prior written notice to all team members and schedules a time to meet with the family to review the recommendation.

At the meeting, the service coordinator reviews the procedural safeguards, completes the Changes to the IFSP form ([State Form 51841](#)). The service coordinator also completes the Transition Packet, the Exit Interview, obtains updated AEPS scores from the Assessment Team, and completes the Ongoing Record Termination form ([State Form 52001](#)).

The SPOE copies and distributes the paperwork relating to the termination to the Provider Agency, the family, and, if requested, to the Assessment Team and physician.

Since First Steps is voluntary, families can always discontinue First Steps services at any time without needing team approval. If the family decides to discontinue services, the service coordinator must complete the Ongoing Record Termination form ([State Form 52001](#)), request updated AEPS scores, complete the Transition Packet, complete the exit interview and complete the Changes to the IFSP form ([State Form 51841](#)).

Exit Interview

As families prepare to leave the First Steps system, the SC will gather input from the team on the child's developmental progress, as well as information from the parent on how First Steps services may have increased their understanding of their child's development and increased their knowledge of system that can assist their family.

During the final meeting between the SC and the family, the SC will share with the family the purpose of the family survey and how to complete it. The SC should emphasize to the family that the survey is an assessment of how effective the First Steps Program has been, **NOT** an assessment of child or family progress or individual families knowledge. The form used for this interview is called Indiana First Steps Early Intervention System Exit Summary ([State Form 51310](#)). The SC will also provide the family with additional resources and provide support with any last transition activities. The families can agree or decline to participate in the exit interview. If they do agree to participate, the service coordinator can conduct the interview and complete the form during the transition meeting. If completed, the Exit Summary document must be signed by the parents. It is then sent to the SPOE to be filed in the child's EI record. Results of the survey are also data entered by the SPOE in accordance with state procedures.

If the family declines the exit interview, the SC should continue to provide the family with any necessary transition information, including potential referral sources, as well as note the refusal of the interview within the SC notes.

During the last quarter, the ongoing providers provide the SC with updated child development information. This information is reviewed by the Assessment Team and recorded on the Exit Summary ([State Form 51310](#)). The SPOE is responsible for data entry of the assessment information which is used for system evaluation.

Attachment A: First Steps Timelines

Within 2 business days	Initiate contact or return contact
Within 2 business days	Distribution of paperwork/files
Within 5 business days	Data Entry
Within 2 business days of assessment	Lead Assessment Team member must forward Assessment Report to IC/SC
10 business days	Amount of time needed for prior written notice of any proposed changes in eligibility or service delivery (intake through exit).
Within 10 calendar days of parent's signature on IFSP	Service coordinator must obtain physician's signature
Within 30 calendar days of IFSP date	New IFSP services must begin * Established/unchanged services need to continue without interruption.
Within 45 calendar days of referral	IFSP must be written
270-90 calendar days	A transition meeting must occur 270-90 days before the child reaches his/her third birthday

Attachment B - Definition of Delivery Service Options

Early intervention services are designed to meet the needs of the family and child. While no two families are identical, neither should be their approach to services. When considering services, the team must consider the priorities, strengths and resources of the family. Recommended services should be provided to support the activities and routines of the family and involve those who care for the child. Services are not to be provided in isolation of the family or caregivers.

In finalizing recommendations for the IFSP, teams should consider several alternatives to the delivery of services. Options for the delivery of services are listed below. These approaches are not exclusive or in any way meant to limit the team's ability to suggest other options.

Direct Treatment: Direct treatment is defined as intervention delivered directly to the child and family. All direct treatment should incorporate family training and support to inform the family of the child's development and how the family can support the child.

Co-treatment: At times it may benefit the child to have two therapists of different disciplines working with the child during the same time period. Recommendations to incorporate a co-treatment approach must be based on the child's needs and not on the convenience of the family or providers. Documentation and justification from the therapist (s) involved must be provided. If co-treatment is recommended as a treatment strategy, documentation should be included in the IFSP with a description of the recommended timeline, disciplines and goals. When the strategy is approved by the IFSP team, including the Assessment Team, the providers may each bill for the full face to face time that they are involved in the delivery of service to the child.

Consultation: At times, it may be beneficial for the team to consider the use of consultative services. This approach focuses on maintaining a relationship with the family while allowing for input from multiple individuals with a variety of experience and knowledge. Consultative services may be suggested when the team feels this approach would effectively meet the needs of the child or family by providing a comprehensive, collaborative approach to services. This approach may also be suggested when the family prefers to limit the number of therapy providers or number of services received. Consultative services do not infer that providers are to act outside of their licensure or education. Consultation can provide education to parents and team members to better enhance a child's development. Consultative services may also be offered to the ongoing therapist to enhance a technique or therapy, as long as the service is delivered in conjunction with the ongoing therapy. For example, a speech therapist may consult with a developmental therapist during the child's therapy session, to provide additional suggestions of activities for the DT to use in

working with the child and family. (Suggestions may be activities that include the incorporation of sounds that the child should be developing, suggestions of activities or games to encourage language, how to utilize simple signs or non-verbal communication, use of music in therapy, etc.) Generally speaking, these services are authorized 1 time per quarter or up to 4 visits at the beginning of the IFSP.

Home programming: Many times, weekly services are not needed or desired by a family, however the child does have developmental concerns that require intervention. In this situation, a home program should be considered which would allow the Assessment Team to develop a home program with activities and strategies for the parent to implement. The provider would then schedule infrequent visits update the plan based on the child's progress and answer question from the parents. Depending on the needs of the child, and required visits, the plan could be under the monitoring of an assessment team member. However, if there were to be more than 4 visits during a year, then an ongoing provider should be assigned.

Re-assessment: At times, there may be a child who is eligible for the program but currently not in need of direct services or the family is simply not ready for services to begin. The team may recommend a re-assessment at a later date. Generally assessments may not be repeated within a 6 month period, however, in this situation, the team may make a recommendation for a date sooner than 6 months, based on the anticipated development of the child and needs of the family. When planning for the re-assessment, the team may consider an assessment in one or multiple areas of development depending on the needs of the child and family. The Assessment Team needs to note the purpose of the re-assessment and when it should occur. The Intake Coordinator will inform the family that they will be contacted in the recommended time for a re-assessment. It is the responsibility of the SPOE to track the re-assessments and contact the family.

Other services not supported by First Steps: First Steps services are not intended or able to meet the complete needs of families and children. The team is encouraged to make recommendations of additional supports. Some of those supports or services are listed below:

Medical Services: All families should be encouraged to coordinate care with their primary care physician. The team is encouraged to discuss the involvement of the primary care physician or other medical personnel in the care of the child.

Diagnostic Services: First Steps may only support the cost of Diagnostic services when they are necessary to determine eligibility or service delivery. These must always be Prior Approved in order for First Steps to support them. If these services are not approved, diagnostic information may still be beneficial to the child and family. In these situations, the SC should discuss other funding options for services outside of First Steps.

Developmentally appropriate activities for children: A child's development is enhanced by participating in activities that are developmentally appropriate. Depending on the age of the child, these activities may also include activities with typically developing peers. The team may discuss these opportunities with the family. Examples may be to participate in: Mom's Day Out, preschool, playgroup, music activities. While these programs may enhance the child's development, they are not covered by First Steps as they are typical programs that may be beneficial to all children.

Parent Education: Parent education classes may be beneficial to families in which basic parenting skills should be enhanced.

Social Services: Supports such as Women, Infants, and Children Program (WIC), Temporary Assistance for Needy Family (TANF), Supplemental Security Income (SSI), and Childcare assistance may be beneficial to some families.

Counseling or Mental Health Services: Families experiencing stresses such as issues with Alcohol, Drugs, Abuse Issues, Mental Health, Marital problems, may be given information on supports.

Attachment C –Billing for Annual Evaluations

Billing for Annual Evaluations:

General

For annual assessments and evaluations for children eligible under a developmental delay and younger than 30 months, Assessment Team billing is limited to the following:

- 90 minutes of face to face time with the child, and may include up to 15 minutes preparation/paperwork time. Total billing may **NOT** exceed 105 minutes per person for the annual assessment and is limited to 2 Assessment Team members.

Annual Evaluation for Children with a Medical Diagnosis

For children where medical diagnosis is the primary eligibility type and with supporting documentation from the treating physician, evaluation procedures and billing are limited to one of the following:

- 90 minutes on face to face time with the child (no additional review time is available) , for one evaluator,
- 60 minutes of face to face time with the child, per evaluator if 2 providers are used (no additional review time is available) , **OR**
- 30 minute total review time for a paper review, if the Assessment Team has no ongoing concerns. Review time is available to the lead Assessment Team member only and must be well documented, including the result of the review and time spent and the time to be billed.

Annual Evaluations for Children with a Medical Diagnsois and 30 months of age or older:

For annual evaluations where a child is 30 months of age or older, the AEPS is to be updated during the review. Evaluation times must be limited to one of the following:

- 90 minutes for one evaluator (no additional review time is available)
60 minutes per evaluator if 2 providers are used (no additional review time is available)

It should also be noted that Assessment Team member may only bill for paper review time with a written referral from the SC, which must include a request for a specific action/review. Written feedback to the SC must be provided and include the time utilized for the review.

Attachment D –Change in Services

Every three months, direct service providers submit IFSP Progress Reports to the SPOE that documents the child's progress towards the outcome(s) identified for the provider to work on. The IFSP team reviews the child's outcomes and progress and assesses the appropriateness of the current level of services. As a result, the status of services may remain the same or changes may occur. These possible changes include the following:

- Continuation of Services
- Decreasing a frequency or intensity of service
- Terminating a service
- Increasing a frequency or intensity of service
- Adding a new service

Continuation of Service

It may be determined that current services, frequency, and intensity are appropriate and that no changes are needed. This is called a continuation of service. No physician's signature is required or 30-day start date is needed. However, the Changes to the IFSP (State Form 51841) still need to be completed to reauthorize services for the next three months and documentation needs to be present that services continued without interruption.

Decreasing/Terminating Services

Implemented by the direct service provider: If the direct service provider determines that a decrease in or termination of service is necessary, he/she will document this in the IFSP Progress Report. All IFSP team members must be given copies of the IFSP Progress Report, and the service coordinator will facilitate and document the team discussion regarding this change in service. The service coordinator will document the discussion on the First Steps Documentation of Team Discussion (State Form 51928) and submit it with the originals discussed below.

If the IFSP team agrees that a decrease in services is appropriate, the service coordinator sends out a 10-day prior written notice to all team members and schedules a time to meet with the family.

At the meeting, the service coordinator once again reviews procedural safeguards, answers any questions the family might have, and completes the Changes to the IFSP form (State Form 51841). A physician's signature is not required for a decrease or termination in services.

If the IFSP team determines that termination of services is appropriate, the service coordinator meets with the family, reviews the procedural safeguards, and completes the Changes to the IFSP form. The service coordinator also completes the part of the Transition Packet, the Exit Interview, obtains updated AEPS scores from the Assessment Team, and completes the Ongoing Record Termination form (State Form 52001). The service coordinator copies and distributes the paperwork relating to the

decrease or termination to the Provider Agency, the Assessment Team, and the family. The service coordinator sends all of the originals accompanied by the Service Change to the IFSP Checklist form (State Form 51921) to the SPOE for data entry.

Since First Steps is voluntary, families can always decrease or terminate First Steps services at any time without needing team approval. If the family chooses to decrease services, the service coordinator must complete the Changes to the IFSP (State Form 51841). If the family decides to terminate services, the service coordinator must complete the Ongoing Record Termination form (State Form 52001), request updated AEPS scores, complete the Transition Packet, complete the exit interview and complete the Changes to the IFSP form (State Form 51841).

Increasing/Adding Services

The service coordinator will receive the IFSP Progress Report from the Provider Agency or the direct service provider, which contains the recommendation for increasing or adding a service. All members of the IFSP Team receive a copy of the report.

All team members must review the IFSP Progress report which contains the request to add or increase services and participate in a discussion about increasing or adding services. This discussion can be held via email or phone or in person. Once the team determines to move forward with the request for an increase or addition in services, the service coordinator will send the IFSP Progress report containing the request to the Assessment Team for review. The Assessment Team receives the proposed changes.

If the Assessment Team supports the additional services:

1. The service coordinator meets with the family to review the Assessment Team's report and to discuss the proposed changes. The meeting can occur face-to-face, by telephone, or by electronic means. Team member input is documented by the service coordinator on the First Steps Documentation of Team Discussion, State Form 51928.
2. The IFSP team approves of the proposed additional services, the service coordinator sends a 10-day written, prior notice form to the family, completes the Changes to the IFSP form, which requires the signature of the parent and then sends it to the physician for signature.
3. Once the service coordinator receives the physician-signed Changes to the IFSP form, the service coordinator sends copies of the paperwork to the Provider Agency, Assessment Team, and family.
4. All documentation must be submitted to the SPOE for data entry using the cover page called Service Change to the IFSP Checklist (State Form 51921). All relevant documents listed on the checklist must be submitted at one time with the cover page on top.
5. The service coordinator then tracks the 30-day start date.

6. All services are written for a 3-month authorization period. The end dates will be the current authorization end date.

If the Assessment Team denies support of the additional services:

1. The service coordinator shares all pertinent information including the Assessment Team's written report with all members of the IFSP team.

2. The IFSP team, including the family, reviews the report and pertinent information and holds a meeting to discuss the information. This meeting can take place face-to-face, by telephone, or via electronic means.

3. If the IFSP team agrees with the Assessment Team's decision to deny the additional services, the service coordinator documents this.

4. If the IFSP team disagrees with the Assessment Team's decision to deny the additional services, the service coordinator should schedule a meeting to discuss the concerns and decisions made. A team decision must be made by consensus rather than by majority vote. The service coordinator must complete the same steps for this IFSP review meeting and evaluation as he/she would complete for an annual IFSP review meeting.

If the additional services are denied after the meeting:

1. The service coordinator reviews with the family the procedural safeguard which includes due process.

Attachment E: State Guidelines for Selecting an Appropriate Assessment Tool

The assessment tool must provide the most comprehensive view of a child's abilities and needs in order to support the determination of eligibility and need for early intervention services.

The following are guidelines for selecting a technically adequate and appropriate assessment tool:

- If choosing an assessment tool other than the AEPS, Assessment Team staff must:
 - Read the administration manual of the instrument and have an understanding of how the tool is used,
 - Determine if it meets the needs of the child and provides a comprehensive view of the child's abilities and needs,
 - Determine the validity and reliability of the tool
- Select assessment tools that contain
 - Age-based norms that are no more than 10 years old.
 - Adequate norming sample
 - Materials and procedures that are non racial or cultural discrimination
 - Tests that are specifically designed to assessment one or all of the five developmental domains (cognitive, motor, communication, social-emotional, adaptive)
 - A standard deviation and/or a percentage of delay (when determining eligibility)